

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Number:	Not Yet Assigned
Filing Date:	Concurrently
Application Type:	Regular
Subject Matter:	Utility
CD-ROM or CD-R?:	None
Title:	NUTRITIONAL SUPPLEMENT AND PROTOCOL
Attorney Docket Number:	4396-060415
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	NONE
Total Drawing Sheets:	NONE
Small Entity:	Yes
Secrecy Order In Parent Appl.:	No

### APPLICANT INFORMATION

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Ralph
Middle Name:	A.
Family Name:	Cowden
Name Suffix:	III
City of Residence:	Honolulu
State or Province of Residence:	Hawaii
Country of Residence:	United States of America
Street of Mailing Address:	4075 Black Point Road
City of Mailing Address:	Honolulu

State or Province of Mailing Address: Hawaii  
Country of Mailing Address: United States of America  
Postal or Zip Code of Mailing Address: 96816

Applicant Authority Type: Inventor  
Primary Citizenship Country: United States of America  
Status: Full Capacity  
Given Name: Alec  
Middle Name:  
Family Name: Keith  
City of Residence: Hilo  
State or Province of Residence: Hawaii  
Country of Residence: United States of America  
Street of Mailing Address: 269 Kuikahi Street  
City of Mailing Address: Hilo  
State or Province of Mailing Address: Hawaii  
Country of Mailing Address: United States of America  
Postal or Zip Code of Mailing Address: 96720

Applicant Authority Type: Inventor  
Primary Citizenship Country: United States of America  
Status: Full Capacity  
Given Name: James  
Middle Name: C.  
Family Name: Roberts  
Name Suffix: Jr.  
City of Residence: Toledo  
State or Province of Residence: Ohio  
Country of Residence: United States of America  
Street of Mailing Address: 4607 W. Sylvania Avenue  
City of Mailing Address: Toledo

State or Province of Mailing Address: Ohio  
Country of Mailing Address: United States of America  
Postal or Zip Code of Mailing Address: 43823

Applicant Authority Type: Inventor  
Primary Citizenship Country: United States of America  
Status: Full Capacity  
Given Name: William  
Middle Name: E.  
Family Name: Crisp  
City of Residence: Paradise Valley  
State or Province of Residence: Arizona  
Country of Residence: United States of America  
Street of Mailing Address: 6051 E. Cactus Wren Road  
City of Mailing Address: Paradise Valley  
State or Province of Mailing Address: Arizona  
Country of Mailing Address: United States of America  
Postal or Zip Code of Mailing Address: 85352

Applicant Authority Type: Inventor  
Primary Citizenship Country: United States of America  
Status: Full Capacity  
Given Name: Janey  
Middle Name: A.  
Family Name: Lau  
City of Residence: Kaneohe  
State or Province of Residence: Hawaii  
Country of Residence: United States of America  
Street of Mailing Address: 46-024 Heeia Street  
City of Mailing Address: Kaneohe  
State or Province of Mailing Address: Hawaii

Country of Mailing Address: United States of America  
Postal or Zip Code of Mailing Address: 96744

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 28289

**REPRESENTATIVE INFORMATION**

<b>Representative Customer Number::</b>	28289	
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**DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US2004/030056	09/15/2004
PCT/US2004/030056	An application claiming the benefit under 35 USC 119(e)	60/502,993	09/15/2003

**ASSIGNMENT INFORMATION**

Assignee Name: Med Five, Inc.  
Street of Mailing Address: P.O. Box 15774  
City of Mailing Address: Honolulu  
State of Mailing Address: Hawaii  
Postal or Zip Code of Mailing Address: 96830